FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		e instructions)	VIN		Office use only
1. NAME OF COMMITTEE (in	(Check i full) is chang		mple: If typying, type the lines	12FE4M5	Thice doe only
Pioneer Politi	çal Açtion Committee			1 1 1 1 1	1
ADDRESS (number and	412 First Str	reet, S.E.			
_	Şujte,100				
(Check if addition is changed)	Washington	<u>' </u>		DC	20003
		CITY⊿	•	STATE	ZIP CODE 🛦
COMMITTEE'S E-MA					ı
	PAGE ADDRESS (URL)				
www.pioneer	pac.org				
COMMITTEE'S FAX I 301-871-6131	NUMBER				
2. DATE M 0 2	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	7 Y			
3. FEC IDENTIFICA	ATION NUMBER	C CO	0325357		
4. IS THIS STATEM	MENT NEW (N)	OR X	AMENDED (A)		
I certify that I have exam	ined this Statement and to the bes	st of my knowledge a	nd belief it is true, correct an	d complete	
Type or Print Name of	Treasurer Mr. Jack	k Hanson			
Signature of Treasure	r Electronically Filed by M	Ir. Jack Hanson		Date 0 2	20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fa	alse, erroneous, or incomplete info		the person signing this State	•	s of 2 U.S.C. S437g.
Office			For further information of	contact:	
Use Only			Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2003)

	FECForm 1 (Revised 02/2003)	Page 2
5.	TYPE OF COMMITTEE (Check One)	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the cainformation below.)	andidate
	Name of Candidate	
	Candidate Party Affiliation Office Sought: House Senate President	State District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
		emocratic, oublican,etc.) Party.
	(e) This committee is a separate segregated fund	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fur committee.	nd or party
6.	Name of Any Connected Organization or Affiliated Committee	
l		.
	Mailing Address	
	CITY▲ STATE▲ 2	ZIP CODE A
	••••••••••••••••••••••••••••••••••••••	
	Relationship	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organization	on
	Membership Organization Trade Association Cooperative	

FEC Form	1 (Revised 02/2003	3)		Page 3
Write or Type Comr	mittee Name			
Pioneer Poli	tical Action Cor	nmittee		
	ecords: Identify Committee book	by name, address, (phone numes and records.	ber optional), and position	of the person in
Full Name	Treasurer			
Mailing Address	·			
	_			
Title or Position	Y	CITY A	STATE▲	ZIP CODE A
			Telephone number	
		address (phone number optior gnated agent (e.g., assistant trea		mmittee; and the
Full Name of Treasurer	Mr. Jack Ha	anson		
Mailing Address		14812 Lake Terrace		
	_	Rockville		20853
Title or Position	♥	CITY A	STATE▲	ZIP CODE A
	Treasurer		Telephone number <u>30</u>	1
Full Name of Designated Agent	Monica Har	nson		
Mailing Address		14812 Lake Terrace		
	_	Rockville	MD	20853
Title or Position	v	CITY A	STATE A	ZIP CODE A
	Assistant Trea	surer	Telephone number 30	1 871 6130

	FEC Form 1 (Revised 0	02/2003)	Page 4		
9.	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc.				
	Wache Mailing Address	ovia Bank , NA Regional Service Center			
		Post Office Box 40031	24022 _ 0031		
		Roanake VA 2	24022 _ 0031 _ ZIP CODE		

Corporation

Membership Organization

FEC Form 1 (Revi	ised 1/2001)		Page 5 / 6
Banks or Other Deposit safety deposit boxes or m Name of Bank, Depositor	naintains funds.		accounts, rents
UE	BS Financial Services Inc.		1
	11200 Rockville Pike		
Mailing Address			
	Rockville	MD	20852 _
	CITY 🛆	STATE △	ZIP CODE 🛆
Name of Any Connecte	ed Organization or Affiliated Committee	[/	ADDITIONAL]
			1 1 1 1 1 1 1
Mailing Address			
	CITY▲	STATE A	ZIP CODE A
Relationship	CITY A	STATE A	ZIP CODE A
Relationship Type of Connected Orga		STATE A	ZIP CODE 🛦

Corporation w/o Capital Stock

Trade Association

Labor Organization

Cooperative

Designated Agent			[ADDITI	ONAL]
Full Name Monica Hanson				
Mailing Address	14812 Lake Terrace			
	Rockville		20852	
Title or Position ♥	CITY A	STATE	A ZIP	CODE A
Assistant Treasurer		Telephone number	871 <u>871 </u>	6130